# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

(512) 463-5800

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Walter	M.	OFFICE USE ONLY
	Mac Woodward	SUFFIX	RECEIVED OCT, 1 0 2011
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX: APT/SUITE#; CITY; 2116 Avenue Q Hunts	STATE ZIPCODE  SVIII TX  77340	(Pate flag-delivered or Postmarked
change of address			Receipt# Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 295.5149	EXTENSION	Pale Processed 10/10/11
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs. Leanne	G.	Bate 1 aged 10 10 11
	NICKNAME Woodward	SUFFIX	<u> </u>
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE); APT/SUITE#; 2116 AVENUE Q Hu	utsville TX	77340
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (936) 295.5149	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election	Exceeded \$500 [imit	Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 9 / 29 /	Year 2011
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary	Runoff Z	General Special
	11 / 0 / 2011		<u>.</u>
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	Councilmember	Mayor	
-	GO TO PAG	SE 2	

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

P.O. Box 12070

## FORM C/OH COVER SHEET PG 2

(512) 463-5800

14 C/OH NAME Walter M	. wloodwa	ard	15 ACCOUN	NT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC		J.	·
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		98.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2548.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	AIZED \$	0.00
٠	4. TOTAL POLITICAL EXPENDITURES \$ 2133.61			2133.61
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DESTRICT OF THE LAST DESTRICT.	SAY \$	1110.44
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$	0.00
18 AFFIDAVIT			-	
	FRANCES LEE WOOD NOTARY PUBLIC STATE OF TEXAS COMM. EXP. FEB. 19,	me under Title 15, Election Code.	information	required to be reported by
AFFIX NOTARY STAM  Sworn to and subs		ma by the said le Deltar I Dod	سجره ا	45:0 45:0
Sworn to and subs	of Ortob	_ 11	ny hand a	this the
Signature of officer aumi	nistering cath	Printed name of officer administering oath	City	Secretary of the secret
January of Officer addition	motering caut	Transa hamo oromoer administering datri	Title of	Oncer administering dath

Texas Ethics Commission

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date 8. 20.11	5 Full name of contributorout-of-state PAC (ID#:_ Joe and Jane Henderson		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
0. 20.11	6 Contributor address; City; State; Zip Code 1776 Avenue S, Huntsville, 7	TX 77340	\$250.00	! 
			(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_Una Grace Nash	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8.23.11	Contributor address; City; State; Zip Code 2429 Robinson Way, Huntsu	illeTX	#100.°°	
	-	77340	(15 torono) andalala	et Tanana a a a a a la tana da la tana da la tana
Debated assure	notion / Joh title (Con Instructions)	Employer (See I	<u> </u>	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See 1	mstructions)	
9.7.11	Tack and Ann Olsta  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
1. 1.11	P.O. Box 8668, Huntsville, TX	77340	\$200.00	   of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	in render complete contedure 17
T Tillopal Good	salient 7 out and (coo mendencie)	_mployor (coo r		
Date	Full name of contributor  out-of-state PAC (ID#:	,	Amount of	In-kind contribution
Date	Sandra E. Rogers Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
9.8.11	3011 Hwy. 30 W., Suite 101,	Huntsville, 77340	\$100.00	f Tours consider Cabadula T
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
	pation / 502 title (eee modelens)	Employer (occ ii	nou douono)	un es consta
Date -	Full name of contributor out-of-state PAC (ID#_Mike and Judy Koeh)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.8.11	P.O. Box 1424, Huntsville, 77342-14	rx	\$100.00	
	77342-14	24	(If traval autoids a	f Toyac complete Schodule T\
Principal occur	l pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
i inicipal occup	Autori, 555 title (555 metradione)			

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9.8.11	6 Contributor address; City; State; Zip Code 1404 Avenue O, Huntsville	e,TX	\$150.°°	 
		7340	(If travel outside of	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.11.11	Contributor address; City; State; Zip Code 2112 Avenue M#4, Hun	fsville,	\$100.00	
	TX 7739	40	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.13.11	101 Wood Forest Lane. Hu	intsville,	\$100.00	     pf Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	·	
Date	Full name of contributor out-of-state PAC (ID#_Dr. Stephen Davis		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.13.11	Contributor address; City; State; Zip Code  101 Wood Forest Lane, Hu TX 7734	intsville,	\$ 100.°°	of Towas complete Schodule TV
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date .	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
9.15.11	Contributor address; City; State; Zip Code 470 Elkins Lake, Huntsvi 773	He, TX	#50.°°	 
	113			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
		·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Austin, Texas 78711-2070

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9.15.11 6 Contributor address; City; State; Zip Code 470 Elkins Lake, Huntsville, TX		\$50.00	!   	
	-//	<i>'340</i>	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#:_	γ	Amount of	In-kind contribution
	Frank and Lyndall Leath Contributor address; City; State; Zip Code	hers.	contribution (\$)	description (if applicable)
9.20.11	1609 Pin Oak Drive, Hun		#100.00	
	TX 7734	0	(If travel outside of	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	I.— `` `` ` `	
Date	Full name of contributor   out-of-state PAC (ID#:_Ralph and Moselle Lawson	n	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.21.11	2300 Avenue S. Huntsville	e,TX 40	#250.°°	 
		. •.	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_Gerry and Nancy Ethere: Contributor address; City; State; Zip Code	lge	Amount of contribution (\$)	In-kind contribution description (if applicable)
9.21.11	3648 Sage, Huntsville, TX	7.7340	\$100°	  -   •
			(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor   out-of-state PAC (ID#_ Roy Harper		Amount of contribution (\$)	In-kind contribution description (if applicable)
9.21.11	Contributor address; City; State; Zip Code 4455 N. Braeswood Blvd	., Houston,	#300.°°	[
	TX 77090	o		l <u> </u>
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

#### Austin, Texas 78711-2070 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor out-of-state PAC (ID#: Wayne and Andrea Scott 6 Contributor address; City; State; Zip Code 5 Full name of contributor 7 Amount of In-kind contribution 4 Date 8 contribution (\$) description (if applicable) #100.00 9.22.11 600 Elkins Lake, Huntsville, TX (If travel outside of Texas, complete Schedule T) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Sugar and Poncho Roberts Contributor address; City; State; Zip Code In-kind contribution Amount of description (if applicable) contribution (\$) \$100.00 9.26.11 2 Elkins Lake, Huntsville, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Wes and Susan Sanders Contributor address; City; State; Zip Code 9.28.11 1924 Avenue LY2, Huntsville, (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: description (if applicable) contribution (\$) John and Barbara Skeeters Contributor address; City; State; Zip Code 9.29.11 574 Elkins Lake, Huntsville, TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Full name of contributor Amount of Date out-of-state PAC (ID# contribution (\$) description (if applicable) Contributor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Employer (See Instructions)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

2 FILER NAME

Date

9.26.11

Date

9.26.11

9.26.11

9.27.11

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) SCHEDULE B PLEDGED CONTRIBUTIONS Total pages Schedule B: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission Filers) Walter M. Woodward TOTAL OF UNITEMIZED PLEDGES: Amount of in-kind description 6 Full name of pledgor 9 pledge (\$) (if applicable) Dr. Richard and Frances Cording 7 Pledgor address; City; State; Zip Code #100.00 245 Elkins Lake, Huntsville, TX (If travel outside of Texas, complete Schedule T) 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) In-kind description Full name of pledgor Amount of out-of-state PAC (ID#: Jack and Debbie Choate (if applicable) pledge (\$) City; State; Zip Code 582 Elkins Lake, Huntsville, TX (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of pledgor In-kind description out-of-state PAC (ID# Amount of (if applicable) pledge (\$) D'Anne Crews \$100.00 Pledgor address; City; State; Zip Code 2209 Avenue S. Huntsville, TX (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Dr. Tommy and Patti Sue Davis Amount of In-kind description pledge (\$) (if applicable) City; State; Zip Code Pledgor address; \$100.00 77340 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) In-kind description

Date

3820 Summer Lane, Huntsville, TX

Principal occupation / Job title (See Instructions)

Amount of pledge (\$)

(if applicable)

(If travel outside of Texas, complete Schedule T)

9.26.11

316 Elkins Lake, Huntsville, TX

#100.°0

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

PLEDG	SED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Sche	edule B:
2 FILER NAME			3 ACCOUNT # (Et	hics Commission Filers)
4 TOT.	AL OF UNITEMIZED PLEDGES: ⇔	ф ф ф	⇔ ⇔	\$
5 Date 9. 27.11	6 Full name of pledgor out-of-state PAC (ID#:  Thomas Leeper 7 Pledgor address; City; State; Zip Code 1924 Avenue N'/2, Huntsv	ille,TX	Amount of pledge (\$)	9 In-kind description (if applicable)
10 Diselect		4 Employer (See In	i	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	1 Employer (See In	isu deuons)	
Date	Full name of pledgor out-of-state PAC(ID#:	·W	Amount of pledge (\$)	In-kind description (If applicable)
9.27.11	Pledgor address; City; State; Zip Code 3348 Winter Way, Huntsu 773	ille,TX	# 100.°°	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	• • • • • • • • • • • • • • • • • • • •	rexas, complete conecule 1)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
9.26.11	Pledgor address; City; State; Zip Code 2115 Avenue O, Huntsville 7734		#100.00	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<del></del>	,
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (If applicable)
9.27.11	Pledgor address; City; State; Zip Code 1627 Avenue Q, Huntsvill 7734	e,TX -0	#100.°°	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	· <del>`</del>	Texas, complete conedule 1)
P. 29.11	Full name of pledgor out-of-state PAC (ID#:	e.TX	Amount of pledge (\$)	In-kind description (if applicable)
				f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	•
If c	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instruc			requirements.

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			schedule B
The	Instruction Guide explains how to complete this fo	orm,	1 Total pages Scheo	dule B:
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission Filers)
4 TOT/	AL OF UNITEMIZED PLEDGES: ⇔ °	⇒ ⇔ ⇔	⇒ ⇒	\$
5 Date	6 Full name of pledgor out-of-state PAC (10#:  Jerry and Sam Sandel	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
9.29.11	7 Pledgor address; City; State; Zip Code 814 Elkins Lake, Huntsvill 773		\$100.°°	
		•		Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions) 17	1 Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description
	Woody and Julie Woods		bledge (\$)	(if applicable)
9.28.11	Woody and Julie Woods Pledgor address; City; State; Zip Code 924 Elkins Lake, Huntsville	2.TX 340	\$100.°°	
	·	• 1	•	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor   oul-of-state PAC (ID#:		Amount of pledge (\$)	in-kind description (if applicable)
9.28.11	Richard and Dorothy Yau Pledgor address; City; State; Zip Code 464 Elkins Lake, Huntsvil 773	le, IX	#100.00	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Toxas, complete concedes 17
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
. :	Pledgor address; City; State; Zip Code		,	
Principal occur	pation / Job title (See Instructions)	Employer (See in		Texas, complete Schedule T)
i inidipal dodaj	Jacob dae (See Medeedene)	E.Mp.0901 (000 III	o. 00.0110,	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		[	
			I   (If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
If c	ATTACH ADDITIONAL COPIES OF Tontributor is out-of-state PAC, please see instruction			equirements.

#### **POLITICAL EXPENDITURES**

SCHEDULE F

	EXPENDITURE CAT	TEGORIES FOR BOX 8(a	1)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sala Legal Services Soli Food/Beverage Expense Trav Polling Expense Trav	aries/Wages/Contract Labor citation/Fundraising Expense yel In District yel Out Of District ce Overhead/Rental Expense	Loan Repayment/Reimburse Transportation Equipment & Contributions/Donations Mac Candidate/Officeholder/P OTHER (enter a category no	Related Expense de By olitical Committee
	The Instruction Guide expl	lains how to complete this fo	,	,
1 Total pages Schedule F:	Walter M. Woodi		3 ACCOUNT # (Ethics	Commission Filers)
9, 10, 11	Wagamon Printing	g. Inc.		
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
\$416.76	1410 Sycamore, Hu	entsville, TX -	77340	
8 PURPOSE	(a) Category (See categories listed at the top of this	schedule) (b) Description	(If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Advertising	Campa	ign Signs	
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	<del></del>	ice held
9.16.11	Payee name Wagamon Printing Payee address; City; State;	, Inc.		
Amount (\$) #696.05	Payee address; City; State; 1410 Sycamore, Hu		77340	1
PURPOSE	Category (See categories listed at the top of this	schedule) Description	(If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Advertising	<u></u>	ign Signs	·
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	nt Offi	ce held
Date 9. 27. 11	Payee name Eagle Graphics			
Amount (\$) 75 \$324.	Payee address; City; State; 2	zip code Avenue, Hun	tsville, TX 7	7340
PURPOSE	Category (See categories listed at the top of this s	schedule) Description	(If travel outside of Texas, complete	Schedule T\
OF EXPENDITURE	Advertising	7:5/		constate 1)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	nt Offic	ce held
Date	Payee name			
Amount (\$)	Payee address; City; State; 2	ľip Code	<del> </del>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this s	chedule) Description	(If travel outside of Texas, complete S	Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	t Offic	ce held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED	

### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense  Contributions (Political Committee)  OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Woodward	3 ACCOUNT # (Ethics Commission Filers)
4 Date 8. 30. 11	5 Payee name Wagamon Printing, Inc.	
6 Amount (\$)  # 696.  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1410 Sycamore, Huntsville	2,TX 77340
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)  Advertising	(b) Description (If travel outside of Texas, complete Schedule T)  Cam paign Signs
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDED